

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584331

FILING DATE

102606

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		3		1		
4		3				
5		3		1		
6		3				
7		3		1		
8	1		1			
9	1	1				
10		2		1		
11		3				
12		3				
13		3		1		
14	1		1			
15		1				
16		1		1		
17		4				
18		4				
19		3				
20		3				
21		3				
22		3		1		
23		3				
24		3				
25		3				
26		3				
27		3				
28	1		1			
29	1		1			
30						
31	1		1			
32		4		1		
33		3				
34		3				
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48						
49						
50						
TOTAL IND.		↓	17	↓		↓
TOTAL DEP.	←		27	←		←
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						